

PART B - FEE(S) TRANSMITTAL

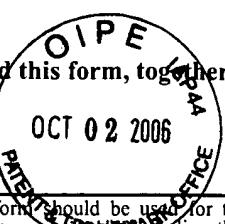
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34610 7590 07/05/2006

FLESHNER & KIM, LLP
P.O. BOX 221200
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10/03/2006 JADDO2 00000066 10691613

01 FC:1501 1400.00 OP
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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/691,613	10/24/2003	Soon-Hyeok Kwak	P-0603	7203

TITLE OF INVENTION: TRANSMISSION APPARATUS FOR MOBILE COMMUNICATION TERMINAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	10/05/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
VUONG, QUOCCHIEN B		2618	455-234100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 FLESHNER & KIM LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LG ELECTRONICS INC.

SEOUL, REPUBLIC OF KOREA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed. **\$1700.00 #18410**
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **16-0607** (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date October 2, 2006

Typed or printed name Samuel W. Ntiros

Registration No. 39,318

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